



Partnering with Parents Outcomes Report Form

School Nurse Name(s): _____ **County:** _____

DUE DECEMBER 15, 2010

Return to:

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Questions:

1. How many students with asthma and their parents/guardians did you meet with?
2. How did you set up appointments with the students and their parents/guardians? Did you face any challenges in setting up appointments?
3. Did you find the "Is the Student's Asthma Under Control?" assessment tool useful? Why or why not?

4. How many of the students with asthma that you met with would you characterize as having had uncontrolled asthma? Did you refer any students with asthma to a primary healthcare provider?
5. What suggestions did you make to the students and parents/guardians that you met with?
6. Would you recommend this particular project for other school nurses? Why or why not?

Data:

1. Attach copies of the “Is the Student’s Asthma Under Control?” assessment tool completed for each student; please black out names and any other identifying information. Asthma Control Program staff may analyze information contained in the forms for program evaluation purposes.